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Application Number	09/328,742
Filing Date	June 6, 1999
First Named Inventor	Alexandros Makriyannis
Title	Inhibitors of the Anandamide Transporter as Analgesic Agents
Group Art Unit	1616
Examiner Name	Pryor, Alton Nathaniel
Attorney Docket Number	UCONAP/141/US

ENCLOSURES					
\boxtimes	Response to Office Action	Request for Continuing Examination with \$405.00 fee			
\boxtimes	Copy of Declaration filed with 08/15/06 Response to Office Action	Postcard reflecting enclosures			
	A filing fee for extra claims is calculated below:				
	No. of Claims Highest No. of No. of Extra Remaining After Claims Previously Claims Amendment Paid For	Fee For Small Entity Fee For Large Entity			
		Rate Fee Rate Fee			
Total Indep.	First Presentation of Multiple Dependent Claims	X \$25 = X \$50 = X \$105 = X \$210 = + \$185 = + \$370 = TOTAL = TOTAL = \$			
It is hereby petitioned that any required extension of time be granted for filing the amendment. An extension of month(s) having a fee of \$ appears required.					
\boxtimes	A check in the amount of \$ 960.00 is attached Deposit Account 16-2563 of Alix, Yale & Ristas, LLP.	ed. Please credit any overpayment to			
The Commissioner is hereby requested and authorized to charge Deposit Account 16-2563 of Alix, Yale & Ristas, LLP for any fee, not enclosed herewith, due for any reason in connection with the amendment or this or any other document accompanying the amendment, including (a) any filing fees under 37 CFR 1.16 for the presentation of extra claims and (b) any patent application processing fees under 37 CFR 1.17. A duplicate copy of this sheet is attached.					
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT					
Firm <i>or</i> Individu Signatu Date		No62,205 ney's Docket NoUCONAP/141/US			
CERTIFICATE OF MAILING					

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I hereby certify that this correspondence is being deposited on the date below with the to "Mail Stop Amendment, Commissioner for Patents, United States Patent and Tradem	United States Postal Service nark Office, P.O. Box 1450, A	e as first class mail in an envelope addressed Alexandria, Virginia 22313-1450."
Typed or Printed Name Alexander E. Andrews	Reg. No.	62,205
Signature Signature	Date:	December 1, 2008

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\boxtimes	Copy of Declaration Response to Office	n filed with 08/15/06 e Action	\boxtimes	Postcard refl	ecting end	closures	
	A filing fee for extr	a claims is calculated belo	ow:				
	No. of Claims Remaining After Amendment	Highest No. of Claims Previously Paid For	No. of Extra Claims	Fee For Sm.	all Entity	Fee For Large	e Entity
				<u>Rate</u>	<u>Fee</u>	Rate	<u>Fee</u>
Total Indep.		f Multiple Dependent Cla		X \$25 = X \$105 = + \$185 = TOTAL =		X \$50 = X \$210 = + \$370 = TOTAL =	\$
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Typed or Printed Name	Alexander E. Andrews	Reg. No.	62,205
Signature (Date:	December 1, 2008